## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/643//07

10/WWW.0003-PA/132007

		•	SMALL ENTITY			OTHER THAN						
T-6	TAL CLAMAC		(Column 1)		(Column 2)		]	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			45					RATE	FÉE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			45 minus 20=		* 25			X\$ 9=		OR	X\$18=	450
INDEPENDENT CLAIMS			# minus 3 =		1			X42=		OR	X84≃	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	,
* If the difference in column 1 is less than zero, ente					" <b>0</b> " in c	column 2	ı	TOTAL		OR	TOTAL	1284
, CLAIMS AS AMENDED - PART II										•	OTHER	THAN
8/18/03 (Column 1)			(Column 2			2) (Column 3)		SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 45	Minus	** 4	15	= -		X\$ 9=		OR	X\$18=	
	Independent	* 4 NTATION OF MI	Minus	*** 1	CLAINA	= /		X42≈		OR	X84=	
	MINOT PRESE	NIATION OF MI	JETIPLE DEF	PENDENT	CLAIM			+140=		OR	+280=	
								TOTAL ADDIT, FEE		OP	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	,	IDDII. FEE		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PHESE	NTATION OF MU	JUIPLE DEF	ENDENT	CLAIM		† †	+140=		OR	+280=	
								TOTAL		ı	TOTAL	
		Α	DOIT, FEE L		OR ,	ADDIT. FEE						
		(Column 1) CLAIMS		(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		æ		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
* If the entry in column 1 is less than the entry in column 2, write "0" In column 3.										OR .	+280≃	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT, FEE	
		ber Previously Pai					r föun	id in the app	ropriate box	in coh	umn 1.	